## BEST AVAILABLE COPY

A)	MULTIPLE DEPENDENT CLAIM FEE CALCY ATION SHEET (FOR USE \ , H FORM PTO-875)								SERIAL MO SSO 14 FILING DATE APPLICANTIS							
<b> </b>		1 40						CLAIMS		- (-) /2.						
	AS FILED IND. DEP.		AFTER  I AMENDMENT		AFTER  1 MAMENDMENT				AS FILED		AFTER		AFTER			
F	$\frac{1}{2}$		JEI.	IND.	DEP,	IND.	DEP.	_	Fi	IND.	DEP.	IND.		IND.	SNOMENT	
	3								51 52					4(1).	DEP.	
	5		-						<u>53</u> 54						-	
	6 7		Ţ.						5 <u>5</u> 56					•		
	8								57							
	0		1						8 9							
1			-					-6	0							
1								6	2							
	5							6	4 .							
17								6	5							
18								68								
20 21								69 70								
22 23	1							71								
24	二							72 73								
25 26								<u>74</u> 75	-							
27 28	-							<u>76</u> 77	7							
29 30	7							78 79	1							
31 32	1				_			80	士							
33	上							81 82								
34 35	1-							83 84	-							
36 37	+							85 86	1					-		
38 39	1							87	1							
40	上							88 89	1							
41 42	-							90 91	-							
43 44	1							92 93	-				<u> </u>		_	
45	二						二	94	上					1		
46 47	<del> </del>		1		二二	1		95 96			1		二			
48 49	F						-	97 98		1			1		-	
50						1	7	99							7	
OTAL IND.	1	1	J.	1	1		H	100 TOTAL IND.			-		1			
YTAL DBP.	-	4		4	-	<b>~</b>		TOTAL DEP		_  ↓	<u> </u>	_ ↓			.	
JATOT EMILE	0			588		120		TOTAL BEP				<b>4</b> 1	1	4	I	